STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001143	A. BUILDING: _____ B. WING _____	02/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORTAGE MANOR HEALTH CARE FACILITY	3016 PORTAGE AVE SOUTH BEND, IN 46628

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: February 25 and 26, 2013 Facility number: 001143 Provider number: 001143 AIM number: N/A Survey Team: Shauna Carlson, RN - TC Julie Baumgartner, RN Shelly Vice, RN Census bed type: Residential: 130 Total: 130 Census payor type: Other: 130 Total: 130 Residential sample: 7 Portage Manor Health Care Facility of South Bend was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey. Quality Review completed on February 27, 2013; by Kimberly Perigo, RN.	R 000		